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FROM	Paralegal Department
DATE	2009-10-27 16:43:12 GMT
RE	Attn: Commissioner for Patents, RE: Docket No. P6204X / Revocation & Power of Attorney with Change of Correspondence Address & Statement under 37 CFR 3.73(b) Submitted 10/27/2009

**COVER MESSAGE**

Cover Message  
(KER)

Docket No. P6204X  
Serial No. 09/095,032

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PTO/SB/21 (07-09)

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/096,032	
	Filing Date	06-10-1998	
	First Named Inventor	Ronald L. Mosgrove	
	Art Unit	2111	
	Examiner Name	Glenn Allen Auye	
Total Number of Pages in This Submission	3	Attorney Docket Number	P6204X

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b) (1 pg.)
Remarks Authorization to charge and/or credit the Deposit Account 50-0221 for any underpayments or overpayments. CUSTOMER NUMBER: 59796		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	CUSTOMER NUMBER: 59796		
Signature	/Erik M. Metzger/		
Printed name	Erik M. Metzger		
Date	October 27, 2009	Reg. No.	53,320

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Kyrstin Ryan	Date	October 27, 2009

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